

**CDC REQUIREMENTS ON
CONTENT OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS,
AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND
EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL ASSISTANCE
PROGRAMS
INTERIM REVISION
JUNE 1992**

1. Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

a. Written materials (e.g., pamphlets, brochures, fliers), audiovisual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.

b. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of section 2500(b), (c), and (d) of the Public Health Service Act, 42 U.S.C. 300ee(b), (c), and (d), as follows:

"Sec. 2500. Use of Funds

(b) Contents of Programs.--All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities. (c) Limitation.--None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse. (d) Construction.--Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational

materials used are not obscene."

c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

d. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

2. Program Review Panel

a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or an other CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:

- (1) Understand how HIV is and is not transmitted; and
- (2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

b. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.

c. Applicants for CDC assistance will be required to include in their applications the following:

(1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review Panel, except as provided in subsection (d) below. In addition:

- (a) Panels which review materials intended for a specific audience should draw

upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.

(b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a state or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.

(c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents, and students.

(d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c), above. However, membership of the Program Review Panel may be drawn predominately from such racial and ethnic populations.

(2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:

(a) Concurrence with this guidance and assurance that its provisions will be observed;

(b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.

d. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multistate), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/state panels must include as a member an employee of a state or local health department, or an appropriate designated representative of such department, consistent with the provisions of section 2.c(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/state organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a and 1.b.

e. When a cooperative agreement/grant is awarded, the recipient will:

(1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;

(2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development;

(3) Prior to expenditure of funds related to the ultimate program use of these

materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel;

(4) Provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

**PREFACE TO THE CDC GUIDELINES ON PROGRAM MATERIALS REVIEW
HIV DIVISION, TEXAS DEPARTMENT OF HEALTH
APRIL 1994**

The following statements apply to all HIV programs funded through the Texas Department of Health, whether state or federal in source. These guidelines apply to materials purchased or disseminated with TDH grant/contract funds only.

- 1) As part of the cooperative agreement between TDH and the CDC, TDH contractors are required to maintain a program materials review panel (PMRP).
- 2) TDH contractors are exempted from reviewing materials produced by TDH, the Surgeon General's Report on Acquired Immune Deficiency Syndrome, (1993), any CDC-developed materials (A list of TDH-produced materials and CDC materials available from the TDH warehouse is attached. Other CDC materials may be obtained from the National AIDS Information Clearinghouse by phoning 1-800-458-5231), or materials approved by the Texas Education Agency (TEA) HIV/AIDS Materials Review Panel for use with school-age youth. However, you are advised to preview any and all materials for appropriateness to your target audience and to your community before such materials are disseminated or used in any way.
- 3) Except as noted above, any written materials, pictorials, audiovisuals, questionnaires, survey instruments, and educational sessions must be reviewed and approved by the contractor's PMRP.
- 4) The contractor's PMRP must be convened at least annually to present for its assessment actual copies of draft texts, scripts, detailed descriptions for written materials, pictorials, and/or audiovisuals it plans to use.
- 5) TDH contractors must retain in their project files a statement of all PMRP votes, signed by the PMRP members that was obtained prior to use/expenditures. The statement of votes must contain the vote of each PMRP member on each item voted on. A majority vote is necessary to use/purchase an item. A list of the majority votes on each item (pass/fail) must be submitted to the HIV Division in quarterly reports.
- 6) TDH contractors will conform with all reasonable requests of the local PMRP.

7) TDH contractors whose programs are funded with general revenue grant funds through the competitive RFP process (contract year September 1 to August 31) are required to submit to the department copies of all material the organization has printed or distributed relating to HIV infection.

8) One member of the PMRP must be a representative from the local public health department, or in communities without a local health department, a representative from the TDH Regional office for that community.

9) TDH contractors must provide to TDH in regular progress reports signed statement(s) of the chairperson of PMRP specifying the vote for approval or disapproval for each item that is subject to this guidance.

(Attachment not included.)